

NO. 2946 P. 1

TO:USPTO

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TELEPHONE: (714) 557-3800

INTELLECTUAL PROPERTY LAW
12400 WILSHIRE BOULEVARD, 7TH FLOOR
LOS ANGELES, CA 90025

FACSIMILE: (714) 557-3347

RECEIVED
CENTRAL FAX CENTER

AUG 16 2004

FACSIMILE COVER SHEET

OFFICIAL

Deliver to: Dieu Minh T. Le, USPTO

Art Group: 2114

Facsimile No.: 703 872-9306

Date: August 16, 2004.

From: James Henry, Reg. No. 41,064

Our Docket No.: 42390P5728

Number of pages 13; including this sheet.

Application No.: 09/966,386

Filing Date: 9/28/2001

Docket Due Date(s): 9/3/2004

Enclosed are the following documents:

- ☒ Amendment: Response (8 pgs)

☐ Appeal Brief (in triplicate) (_____ pgs)

☐ Application: _____
 (_____ pgs) w/cover & abstract

☐ Assignment & Cover Sheet (_____ pgs)

☒ Certificate of Facsimile

☐ Continued Prosecution Application (CPA)

☐ Declaration & POA (_____ pgs)

☐ Drawings: _____ sheets, _____ figures

☐ Extension of Time: _____

☒ Fee Transmittal (in duplicate)

☐ IDS & PTO/SB/08 (_____ pgs)

☐ Other _____

☐ Issue Fee Transmittal

☐ Notice of Appeal

☐ Petition for: _____

☐ Request for Continued Examination (RCE)

☐ Reply Brief (_____ pgs)

☐ Request & Certification Under 35 USC 122(b)(2)(B)(i)

☐ Request to Rescind Previous Nonpublication Request

☐ Response to Notice of Missing Parts & Formalities Letter

☐ Response to Written Opinion (_____ pgs)

☐ Terminal Disclaimer

☐ Transmittal of Publication Fee Due

☒ Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

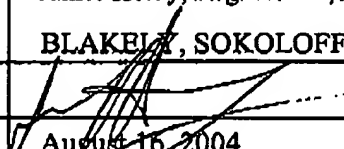
Pat Sullivan 08/16/2004
Pat Sullivan Date

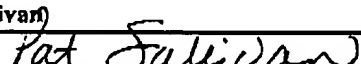
Confidentiality Note: The documents accompanying this facsimile transmission contain information from the law firm of Blakely, Sokoloff, Taylor & Zafman which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

If you do not receive all the pages, or if there is any difficulty in receiving, please call: (714) 557-3800 and ask for Pat Sullivan.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/966,386
		Filing Date	September 28, 2001
		First Named Inventor	Len Schultz
		Art Unit	2114
		Examiner Name	Dieu Minh T. Le
Total Number of Pages in This Submission	13	Attorney Docket Number	42390P5728

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Facsimile Transmittal Sheet </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James Henry, Reg. No. 41,064 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 16, 2004

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan		
Signature		Date	August 16, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 08/04/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	09/966,386
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Filing Date	September 28, 2001
		First Named Inventor	Len Schultz
		Examiner Name	Dieu Minh T. Le
		Art Unit	2114
		Attorney Docket No.	42390P5728

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																												
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account	3. ADDITIONAL FEES																																																																																												
Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td></td> <td></td> </tr> </tbody> </table>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)																																																			
Large Entity		Small Entity		Fee Description	Fee Paid																																																																																								
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																										
1001	770	2001	385	Utility filing fee																																																																																									
1002	340	2002	170	Design filing fee																																																																																									
1003	530	2003	265	Plant filing fee																																																																																									
1004	770	2004	385	Reissue filing fee																																																																																									
1005	160	2005	80	Provisional filing fee																																																																																									
SUBTOTAL (1)																																																																																													
1. BASIC FILING FEE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td></td> <td></td> </tr> </tbody> </table>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)						<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td></td> <td></td> </tr> </tbody> </table>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					
Large Entity		Small Entity		Fee Description			Fee Paid																																																																																						
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																										
1001	770	2001	385	Utility filing fee																																																																																									
1002	340	2002	170	Design filing fee																																																																																									
1003	530	2003	265	Plant filing fee																																																																																									
1004	770	2004	385	Reissue filing fee																																																																																									
1005	160	2005	80	Provisional filing fee																																																																																									
SUBTOTAL (1)																																																																																													
Large Entity		Small Entity		Fee Description	Fee Paid																																																																																								
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																										
1001	770	2001	385	Utility filing fee																																																																																									
1002	340	2002	170	Design filing fee																																																																																									
1003	530	2003	265	Plant filing fee																																																																																									
1004	770	2004	385	Reissue filing fee																																																																																									
1005	160	2005	80	Provisional filing fee																																																																																									
SUBTOTAL (1)																																																																																													
2. EXTRA CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>20</td> <td>20*</td> <td>0</td> <td>18.00</td> <td></td> <td>0</td> <td>\$0.00</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>3</td> <td>3*</td> <td>0</td> <td>88.00</td> <td></td> <td>0</td> <td>\$0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Total Claims		Extra Claims		Fee from below		Fee Paid										Independent Claims	20	20*	0	18.00		0	\$0.00	Multiple Dependent Claims	3	3*	0	88.00		0	\$0.00	SUBTOTAL (2)								<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>88</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>250</td> <td>2203</td> <td>145</td> <td>Multiple Dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>88</td> <td>2204</td> <td>43</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td></td> <td></td> </tr> </tbody> </table>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	88	2201	43	Independent claims in excess of 3		1203	250	2203	145	Multiple Dependent claim, if not paid		1204	88	2204	43	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)											
Total Claims		Extra Claims		Fee from below		Fee Paid																																																																																							
Independent Claims	20	20*	0	18.00		0	\$0.00																																																																																						
Multiple Dependent Claims	3	3*	0	88.00		0	\$0.00																																																																																						
SUBTOTAL (2)																																																																																													
Large Entity		Small Entity		Fee Description	Fee Paid																																																																																								
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																										
1202	18	2202	9	Claims in excess of 20																																																																																									
1201	88	2201	43	Independent claims in excess of 3																																																																																									
1203	250	2203	145	Multiple Dependent claim, if not paid																																																																																									
1204	88	2204	43	**Reissue independent claims over original patent																																																																																									
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																																																																									
SUBTOTAL (2)																																																																																													
*or number previously paid, if greater, For Reissues, see below		SUBTOTAL (3) (\$) 0.00																																																																																											

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James Henry	Registration No. (Attorney/Agent)	41,064
Signature		Telephone	(714) 557-3800
		Date	08/16/04

Based on PTO/SB-17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 02/10/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450